MCHB/DHSPS October, 2009 Webcast

Promoting Health Literacy through Case Management

October 20, 2009

JOANNNIE ESCARNE: Good afternoon, Maternal and Child Health Bureau. I would like to welcome you to this webcast. Before I introduce our presenters today, I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The changes are synchronized with the speaker's presentations. You do not need to do anything to advance the slides. You may need to adjust the timing to match the audio by using the slide delay control at the top of the messaging window.

We encourage you to ask the speaker questions at any time during the presentation. Simply type your question in the white message window to the right of the interface, select question for speaker from the drop down menu and hit send. Please include your state or organization in your message, so that we know where you are participating from. The questions will be relayed to the speakers periodically throughout the broadcast. If we don't have the opportunity to respond to the questions during the broadcast we will email you afterwards. Again, we encourage you to submit questions at any time during the broadcast.

On the left of the interface is the video window. You can adjust using the slider, access by clicking the loud speaker icon. Those of you who selected accessibility features will see text captioning underneath the video window.

At the end of the broadcast, the interface will close automatically and you will have the opportunity to fill out an online evaluation. Your responses will help us plan future broadcasts in the series and improve our technical support. We are pleased to have Sandra Smith and Sandra Mobley with us.

I am very happy to have with us for today's discussion someone who knows from experience on the ground, live from the medical college of Georgia in Augusta, Dr. Sandra Mobley.

SANDRA MOBLEY: Hello. I'm director of Enterprise Community Healthy Start. One of the six home visiting programs that participate in the research Sandra Smith just mentioned. I'm here to share our experience of promoting health literacy in a healthy start program.

Next slide, please. There are three good reasons to participate in this webcast. One reason is to gain understanding of health literacy and what it means for the families we serve. Another reason is to consider what promoting health literacy might look like in practice. Listeners may learn at least one practical health promoting literacy strategy to use tomorrow. A third reason to participate is to consider the possibility suggested by

the research findings with integrating health literacy promotion into a healthy start program and several other models of home visitation.

>> I hope you have all downloaded and printed the handout that is designed as a learning aid, and we'll refer to it as we go along. Now, Sandra, you and your staff have been integrating health literacy promotion into your program for several years now. So, tell us from a practical standpoint in your context there at Enterprise Community Healthy Start what does health literacy mean?

>> In essence, it means being able to apply information about your health to your own personal situation and resources, considering both your personal resources and community resources. For example, in healthy start we track referrals. We see that often the referrals are not completed. We are alerted to the possibility that literacy may be the barrier that is stopping a mother from keeping referral appointments and being able to use available resources.

>> Okay, good. And good example of how parents health literacy can impact your practice and your program's goal. And now for some theories.

Next slide, please. Here is a definition. And the answer to question one on your handout. In short, health literacy means using information and services in ways that maintain or promote health.

Next slide, please. What we are talking about here today is promoting health literacy in parents. That means enabling parents to use information and services in progressively more effective ways, to promote family health. So the goals of health literacy promotion in this context are more effective use of the health care system, and good management of health at home. Now, the best time to promote health literacy in parents is in the prenatal to preschool period. 0-3 period.

Next slide, please. So this mind map illustrates why that makes sense theoretically and economically and we are not going to discuss that now because that would be singing to the choir. But I want to emphasize the potential benefits of promoting health literacy has potentially life-long benefits for the parent, the child, and the entire family, and those benefits extend to the health care system and the justice system and to the school. Now, there are many various ways are understanding health literacy. From our health promotion stand point, health literacy is one of multiple functional literacy. So to understand this idea of multiple functional literacy, just notice that literacy skills are always used for some practical purpose. It's not really the skills that matter. It's what the skills enable you to do. That's the function in a functional health literacy. So this idea of multiple functional literacy means that everyone participating here, right now, has many functional literacies and different areas of proficiency that enable you to do something in real life. I know you have computer literacy that enables you to participate in the webcast and maybe financial literacy to manage a budget. I would bet you have above average health literacy that enables you to maintain and promote your health

and other's health by using information and services effectively. So that's the answer to question three on the handout.

So, next slide, there's one more important concept that is useful for organizing thinking around health literacy. And that is levels of health literacy skills. So there are basic skills and more advanced skills. And more developed health literacy skills lead to higher levels of functioning. So as you support parents in developing their literacy skills, they find more ways and means to improve their health. We are going to talk more about these levels of functional health literacy as we go along, but the thing to note now is that a functional literacy, like functional health literacy, involves these basic technical skills, the 3 Rs, reading, writing, arithmetic, that enables someone to follow instructions and functional literacy also includes an array of interactive and reflective skills that enable a person to prevent and solve problems, participate in the health care system, and exert some control over their lives and their health. Now it's important to know that sometimes these basic literacy skills are referred to as functional literacy. And many scholars narrowly interpret functional health literacy as the basic skills, especially reading, in a medical setting. From our health promotion standpoint in this succession, it refers to all of these skills and all the things that they enable the person to do for health. Okay. Now we have a good background in theory, so let's shift our thinking to a broader and more practical view. And Sandra, talk to us about why functional health literacy matters to healthy start programs. Why is this something that case managers and supervisors and directors should be thinking about?

>> Okay. Next slide, please. This is question four on the handout. Promoting health parents literacy can improve birth outcomes. Mothers are using the health care system for the first time. They have responsibilities to manage their health, child's health, family health, in their new role as mother. Next, another important reason to promote health literacy, it may reduce disparities. The surgeon general says we cannot reduce disparities without improving health literacy. Parents must be able to obtain benefits of health care and manage their personal and child health at home and that's what we work toward. Increasing health literacy may lead to parents achieving goals and potential for themselves and family also. Prevention is a very complex concept for families who are living day-to-day. Over time, home visitors are actually building the understanding with women of why, for example, being healthy before pregnancy is so important. In Georgia, for example, we know that improving women's health is the primary way of reducing prematurity. Most of the infants die in the first 28 days, a reflection of the woman's health. That's one reason we chose to focus on promoting mother's health literacy. It directly affects the child's health as well as maternal health and directly affects disparities.

>> Does that mean that promoting health literacy in parents is key to the national healthy start mission?

>> Yes, it really is. It fits with our mission of eliminating disparities.

>> Okay. So now we know what health literacy means, and why it matters to families and to healthy start. I'm going to remind you that you can submit a question any time, type it into the box on the screen and click send. And we are going to take those questions at the end of the discussion.

So now we are going to move to the next slide. And part two of our discussion to look at what promoting health literacy actually looks like in practice. So we are going to look briefly at the results of our research project and Sandra is going to relate her experience of implementing health literacy promotion into enterprise community healthy start. Sandra, would you start us off in this section by talking about, telling us about Enterprise Community Healthy Start?

>> Sure. It's a rural project covering two counties near Augusta, although I'm located in awe -- Augusta. The project's name is because each county has census tracks with the federal designation of enterprise communities, indicating extreme impoverishment. Our case management services rely heavily on home visiting, due to the large land area of the counties and the fact there is limited affordable public transportation.

Next slide. We staff case management services with two RNs and an advocate in each county with offices in each county. We enroll women pre and postnatally. Each county team carries approximately 90 mothers at any given time. Mostly postpartum because we are following them up to two years.

Next slide, please. Each county has approximately 22,000 in population. You can see from the slide that Burke is a large county, it happens to be the second largest of Georgia's 159 counties. More people live outside the city limits of the county seat, so there are many home visits, given the lack of transportation.

>> So why did you and your staff decide to participate in this action research project?

>> Well, functional health literacy really underpins all of our goals, so it was a fit.

>> Okay, good. And what would you say is the most important finding?

>> Next slide, please. This slide shows you overall families in our program and in five other programs that participate in the research. We achieve statistically significant improvement. The blue is no visits, burgundy is home visits for 12 to 24 months. You cannot see it here, but most parents achieved a big jump in the first six months of service and continued to progress over time. This answer addresses question number five on the handout.

>> Okay. Let's look at the next slide. This is another important finding that parents made significant progress towards functional health literacy regardless of their reading level. In fact, those with the lowest estimated reading level made the greatest gain.

And the next slide. The initial findings by race ethnicity are also quite interesting and additional analysis could be quite informative for addressing this. Overall, parents in the racial ethnic groups achieved significant improvement in their health literacy but they improved in different patterns. Hispanic, Latino the most, and African Americans the least. Sandra, your program serves a mostly African American rural population, about 85%. And the parents in your program achieved some of the best outcomes. So how does that fit with this finding?

>> Of course not all African Americans progressed at the same rate. Parents in our site progressed in different patterns from most parents. We did not see that jump in the first six months but they sustained improvement over time when most others leveled off. There are many questions to be addressed through further analysis. It may be that we retain our clients for a longer period of time. There are just many possibilities.

>> And we are eager to look into all of those possibilities. For now, let's go to the next slide. What about teen parents, Sandra, were they able to improve their health literacy?

>> Yes. Overall, younger parents showed the greatest overall improvement. As a group, they made great strides in the first six months. They were able to catch up quickly with their more experienced counterparts.

>> Okay. Now, yours was the only healthy start project, only healthy start site in the research project. We also had healthy families programs and early Head Start sites, and other models of home visitation, and as we said earlier, your staff and parents produced some of the best outcomes. So do you think there is something in the healthy start model that makes this approach particularly suitable?

>> One thing might be our focus on health prenatal care and preventive services. And knowing the culture and the people we serve. I feel adding the literacy element just strengthened all that we do, and I think that our extra work to hone our reflective practices may be what led to the sustained improvement. We have worked to become proficient as a teaching strategy to build parents's reflective skills.

>> This site is a quick summary of the research. We have some very rich data on over 2,500 families now. I'm speaking funding to continue the data collection and do further analysis to address some of the questions that came up as a result of the research. What we can see so far is that home visitation promotes functional health literacy in parents regardless of their reading level. And a new and promising possibility raised by our project is that reflection may be as important or even more important than reading is for using information and services to promote health. And thirdly, the results shown that healthy start case managers and other home visitors can help parents use the health care system effectively and become good managers of family health at home. So, Sandra, that takes us to the case managers' role in promoting health literacy. Case manager goes out to promote health literacy in a family. What might she actually do?

>> Well, the first task is to identify parents with low literacy skills without embarrassing or insulting them and jeopardizing your relationship as a home visitor. For the research project and still we use a brief literacy screen, no testing, just three questions. We --

>> Let's look at that site.

>> Okay. Literacy Screen. We were already asking about education completed and dad living in the home. We added, do you read for fun? So the protocol was easily incorporated into the routine assessment. Next, once we had established a relationship of trust and completed our initial care planning process, we explore with the reflective questions their interest in further education. And this doesn't happen immediately. It may take several visits over several months. And hopefully lead to the clients planning to enter the literacy program. We assist in the referral and provide information the client wants and can use. That was the answer to question number seven on the handout.

>> Okay. And still looking at this slide of the literacy screen, we called it the elf as an aid to remembering the questions. I want you to caution you not to read too much into the questions. It's not to indicate that living with the father of the baby makes you smarter somehow. What we know is that in the process of developing these screening questions, parents who answered yes to the first three questions also did well on a reading test. And those with no answers not so well. So, statistically a parent with less

than a high school education who answered no to another one of these questions probably has low basic literacy skills. They probably struggle with reading, writing, and arithmetic. But this is not a definitive test, it's a screen. And the highest and best use is to set up a referral.

>> It really is an easy screen. Case managers start using it on their own usually as soon as they know about it.

>> So if you get a no to one of the first three questions then you set up the follow-up questions for the referral.

>> That's right. It's not embarrassing or time consuming.

>> This is a tool that home visitors could go out and put to use for parents right away.

>> Absolutely.

>> Once you have made the referral, it seems like it would be important to support the parents in following up and participating. How do you do that?

>> Well, it's important to know literacy enhancing resources in your community. How to enroll clients and also the literacy staff. We involve the client in considering this option, her interest in attending. We explore with her benefits, challenges, how she might

attend, what her schedule might be. Sometimes we introduce her to the staff at the literacy program to make her more comfortable. We also, after she's enrolled, continue to monitor her feelings about the program, and praise her progress. She may see the healthy start staff at the G.E.D. program because we provide health education sessions for all attendees as part of our community education services. So this gives us another opportunity to praise her and validate the importance of her attending.

>> So this screening and referral process is a way to tap into your community partners to help you build basic literacy skills in parents as a foundation for their health literacy.

So let's look at the next slide. How do you visit or support health literacy directly?

>> This addresses question eight on the handout. We integrate into our visits opportunities to practice basic literacy skills. In particular, we found reading a loud to be a powerful way for parents to understand new information quickly and fully. Reading with the client is modeling the value of reading. Case managers might ask to read instructions from the doctor or ask them to read a medication label or a relevant paragraph from a health education pamphlet. Having parents read just a few sentences directly related to a problem they have now and then, and then discussing it, reflecting on what it means to them and how they would apply that information has become an expected part of our visits. Sometimes parents are shy at first, they take turns, but they come to expect and enjoy it.

>> Okay. So we said that health literacy means, in part, using information to promote health. And you said before that the first step for programs that want to promote health literacy is to use health education materials that are designed for that purpose. So, what materials do you use at Enterprise Community Healthy Start.

>> The beginning guides, pregnancy and parenting guides are in English and Spanish. They really are good, good for use with both skilled and unskilled learners and there are pregnancy guides and parenting guides.

>> We'll talk more in a few minutes about what makes information good for promoting health literacy. But tell us now how you work with materials to promote a parents' health literacy.

>> For example, we want mothers to develop the practice of monitoring signs and symptoms, and know when to call for help. So we discuss the warning signs for the mother at each pregnancy. As the child grows, we discuss warning signs appropriate to the child's age.

>> Okay. Well I have here book number two of the parents' guide that I wish I could show you, and the warning signs that you are talking about are always easy to find because they are on the back cover. So how do your case managers use this information or similar information to promote health literacy?

>> Well, let's do it. I have that booklet, too. I'll be the visitor, you be the mother.

>> Okay.

>> Okay. Sandra, here are the warning signs for a child Billy's age. Important for recognizing when he has a health problem. So let's take a minute and look them over.

>> Okay. So I am reading them silently, and you are waiting patiently and more patiently and now I'm finished reading.

>> Okay. Okay. Have you seen any of these warning signs yet?

>> Well, I haven't really seen them, but I have been worrying a lot about Billy choking because my mom talks about that a lot.

>> Oh, my. Read that one a loud, would you?

>> Okay. It says call the doctor right away when your baby is choking. Tell someone else to call 9-1-1 and then call the doctor. While they call for help. Okay. And then call the doctor.

>> Okay. Now, how would you know if the baby is choking?

>> Well, it says here that a choking baby makes no sound, and his face might turn blue.

>> Good. That's right. What is the first thing you would do if that happens?

>> I'm going to yell for somebody to call 9-1-1.

>> And if nobody is there and you are alone?

>> Then I will call 9-1-1 myself.
>> Good. So the thing to remember is to call 9-1-1.

>> 9-1-1.

>> Yes, if your baby is choking. So, I would follow the parents' lead as to where and how far we take the discussion. Then I would have you fill in the blanks with the child's doctor's name and phone number. We might role play a call to report a warning sign thus we would use the information through that visit.

>> So in this short review of warning signs, which you do in any case, as the parent I got to practice reading and writing and using numbers, my basic skills. I articulated my health concern and practiced consulting with a professional, those are my interactive

skills, and I use the new information to solve a real problem using my reflective skills. So, I feel my confidence increasing along with my health literacy.

>> Yes. Reading aloud and reflecting are simple, but powerful ways to increase parents' health literacy skills. I think that was a good example.

>> Yes. So far we have said the first step to helping parents build health literacy is build a good foundation of basic skill and we talked about a process for referring low skilled parents to community literacy enhancing services and we modeled and practiced using information.

So now we can turn to those higher level literacy skills that are on the next slide. So here are the levels, and that's the answers to question nine. So, Sandra, how do healthy start case managers promote interactive health literacy skills?

>> This addresses number 10 on the handout. Interactive skills are interpersonal and social skills like listening and speaking. So the visitors who resists the temptation to provide information and answers naturally offers many opportunities to practice interactive skills during the usual course of the visit. We sometimes prepare the mother to talk to a physician or nurse provider before the actual visit. We discuss what she wants to cover, and we may write questions or topics as a reference at the appointment, in essence, planning and role playing before the visit to build social skills.

In our example as we did a minute ago, reviewing and discussing warning signs, you practiced interactive literacy skills by interacting with me.

>> Oh, so a good way to improve interactive skills is to interact. And you know that you are interacting when the parent is doing the talking. So that leaves us with reflection.

>> And we really focused on reflection. We worked to hone our reflective skills and reflective practice in order to more effectively help parents become reflective. It's much easier to just tell clients the answers or give information that we know. But we have to resist this instructive lecture-like style in order to engage the client in thinking, speaking, naming in her words what has meaning for her.

>> Yes, and most literacy scholars categorize reflection as a high level literacy skill as you see on the slides. But others say that reflection is essential for making meaning for information and using it in real life that it should be one of the four Rs as a basic skill. So reading, writing, 'rithmetic and reflection. So we need reading and 'rithmetic to understand information and intersection and reflection to make sense out of it and use it in real life.

>> That's right. Parents' ability -- it may be a key to improving birth outcomes and reducing disparities. For myself and staff, developing our own reflective skills and practices, helping parents become reflective took some training and work. But in our experience and this research project, the results are well worth the effort.

>> Now, we know from previous research, Sandra, and results of our progress support this, that effective home visiting programs use a curriculum closely tied to their goals. So you and your staff are trained to use the beginnings guide life skills development curriculum to promote parents health literacy and promotion. How do you become more reflective and help parents be more reflective?

>> Next slide, please. On question 12 on the handout now. We learn to view reflection as a repeating process of think, link, and respond. The two-part purpose of health literacy is as we said earlier, to use information.

>> Excuse me, Sandra, I hate to interrupt but we need to go back to this slide. There we go. Now we are looking at the triangle.

>> Okay. And the triangle shows the repeating process of think, link, and respond. And this two-part purpose of health literacy is to use information and services and to promote health. Using information implies thinking about it, and personalizing it. Making meaning and context of real life. That's the link part. Using information to promote health means engaging in healthful behaviors and avoiding unhealthy practices. Of course, the response. In our earlier example of the warning signs, I was a visitor asking questions that caused the parent to think about warning signs, link the warning signs to her experience and her current situation, and then plan a purposeful response.

>> Quick interruption, this is Joanie. A couple of questions regarding the questions, these questions that both Sandras have been referring to are on the handout, and if you haven't downloaded that handout, it's on the website www.mchcom.com. So I have seen a few people ask, I wanted to clarify these questions that they are referring to are in the handout that are on the website.

>> The reading assessment?

>> No.

>> Okay. Okay. So on your handout.

>> On the handout. So Sandra, I think what you just said suggests that asking questions is a good strategy for promoting reflection.

>> One of the most powerful strategies we learn for promoting reflection is asking reflective questions. We learn to teach by asking, so parents discover their own solutions in their own experience and are empowered.

>> Good. Does that mean that you don't use your expertise?

>> Oh, not at all. We use our expertise to formulate questions that lead the parents to their own answers. And steer them away from inappropriate actions. We do provide information, but only by request, saying something like I have good information on that, would you like me to bring it next time? This puts the parent in charge of her own learning. Instead of us. It enables her to exert control over her health and her life. If we go in as expert dispensing knowledge and thinking that we can fix problems that makes us powerful, and it keeps the parent needy. Teaching by asking gives the parent the power, makes them independent thinkers, who learn from their own purposes and act on their own behalf.

>> Okay. Power to the parents.

>> Yes.

>> So, let's shift a little and talk now about selecting health education materials for health literacy promotion. Let's look at the next slide, and I'll ask you to talk a little about the beginning pregnancy guide and the parents guide that you use.

Why are they a good fit for healthy start programs that want to promote health literacy, what is it that visitors and case managers like about them?

>> Okay. Referring to the handout that you can download, this addresses question number 14. We like the beginnings guide because they are in booklet form. The

booklets are sequenced according to months of pregnancy or age of the child in months. Easy-to-use, especially because there is a handy index for easy look-up of topics. So on the fly you can find the topic that the mother is asking about. Another reason that we like them is they are compact for having in your car for home visits. Materials need to be written and designed for promoting health literacy so health literacy promotion strategies are integrated into usual practice. In other words, you can use them to model the use of information. When the home visitor uses the index and looks up page for information, she's modeling using information to get needed answers for health promotion. The beginnings guides materials also include reflective questions, interactive text, teaching illustrations, reflective drawings, all that promote interaction to increase reflection. Themes from clients and questions can be continued from visit to visit with reading, thinking, linking between visits, and discussing possible actions or responses at next visit. Educational materials used to increase health literacy need to be evidence-based, comprehensive, easy to read, attractive, not intimidating, interactive, and we feel beginnings guides meet these criteria.

>> Okay. So, this promoting health literacy add a lot of time and paperwork?

>> No, not in our case. The literacy screening questions are incorporated in our routine assessment and documentation process. Strategies to promote health literacy are integrated in our usual activities during the home visits. And so is the data collection and intervention planning.

>> Okay, good. So, shifting now, another thing that we know from previous studies of home visiting and it was confirmed by our research project is that effective programs closely monitor their progress toward their program goal. So in our research we use the life skills progression instruments which you have used a number of years now.

>> Yes, we have used the life skill progression instrument for over four years. It evaluates services and planning interventions. We like it because it's easy and quick and yet comprehensive. We have integrated into our healthy start data system. Here you see the first page of the L.S.P.

>> Change that slide.

>> Okay. Are we seeing that slide?

>> There we go, now they can see it.

>> As I said, this is the first page of the L.S.P. It contains the first two of six L.S.P. categories of parent functioning.

Next slide. This is a list of the six aspects of family functioning covered by the L.S.P. Note that none of this is new information. The L.S.P. summarizes in one place the formal and informal assessments, interviews and observations that we do. It provides a snapshot of how parent/child diets are functioning over a six-month period by reflecting

on the parents' scores and their progress or regression compared to previous scores. We see where and how we are making a difference in their lives.

>> Okay, good. Now, for this discussion we are particularly interested in assessing parents' progress toward higher levels of health literacy. So let's show our participants how that works.

We can look at the next slide. And see the health care literacy progression. This group of items taken from the L.S.P. and taken together rate parents' use of health care information and services. There is a second self-care literacy scale, a different set of L.S.P. items that rates parents' management of health at home. So Sandra, tell us how case managers complete this.

>> Okay. It's quite easy. The case manager completes the entire L.S.P., including the items we have discussed. Initially after several visits as a baseline, then every six months, and at close-out. It usually takes five to 10 minutes. And completing the two after the initial L.S.P., the case manager considers the clients' status over the six-month period of visits. The L.S.P. is not an interview tool. It summarizes and synthesizes our usual assessments. The clients do not see it. Really is just for the nurse's use.

>> And how would she get a score?

>> The case manager circles words that apply to that particular parent and child over the last six months. To determine a score for each item, she uses the numbers above the columns in which the circled words appear. Sometimes she will circle words for more than one column, in that case she uses the average. So, you see sometimes as in item number 20, child well care, there is a score of 3.5. She enters it in the column on the left. The score becomes the means for the case manager to evaluate the progress of her client and the data that we used for the analysis.

>> Okay. So talk a little bit about what those scores mean.

>> Okay. A 0 means not asked, not answered, not applicable. A low score of 1 indicates unhealthy attitudes or practices that demonstrate low health functioning and low health literacy skills. A high score of greater than 4 indicates adequate healthy practice that demonstrates high health functioning and strong health literacy skills. Say, maintaining a medical home. A score of 5 indicates optimal health functioning. In the case of this hypothetical mother, she has established a medical home for her child and you can see this if you look at item number 20. But she has not established a medical home for herself. You can see this by looking at item number 18. The shaded area represents the target range. On this scale, the target range for all items is 4 or greater. The scores suggest next steps for intervention, low scores show blind spots and needs to address, and higher scores show the strengths to build on. So the case manager uses the L.S.P. to assess where she is in practice with that client. We also

use the L.S.P. at group case conferences to get input from others on the case management team. A great advantage of the L.S.P. and these health literacy measures is the data is immediately available for intervention planning. So both the case managers who collect the data and the parents who provide the data benefit from the process.

>> Well, tell us how a case conference would work.

>> The case management team uses the same think, link response process that we hope our clients are using. Low health literacy scores may come from any point on the triangle, from just not thinking, from not linking, to what you know or lacking necessary knowledge or support, or having a blind spot. Of course we all have them. Our low scores can come from not responding to what you know, not acting on information or from reacting without thinking. Also, the scores let us see where and how we make a difference in ways we have not been able to see before. Often the team as a group comes to a more sound decision about the next steps, and this helps us as a group prevent burnout and it's good for morale if we all interact about that particular case.

>> Okay. Excellent, well, this is rich data. There is a lot here. How do you keep track of it all so that you can make use of it?

>> In our case, we have integrated the L.S.P. in our healthy start database so it works very smoothly. We are able to scan through L.S.P. after L.S.P. on a client and see the changes over time. We also have the L.S.P. printed on handy tear-out sheets, so the case managers can complete the L.S.P. away from the computer if they choose to.

Maybe in their car between visits. We are willing to help any healthy start program or others adapt our electronic system to their healthy start program if anyone is interested. Also, there is a simple software system provided by the developer, Linda Wollesen.

>> We will list you both as resources at the end of this discussion.
Now let's look at the next slide and shift the thinking about the supervisors' role. What is the supervisor role in promoting health literacy.

>> Question 16 of the handout. Sandra, the role of the supervisor is really critical in demonstrating the use of reflective questions that show an understanding of the parents' situation. The supervisor can introduce the use of other tools as well, such as low literacy, education materials, reflective coloring sheets, to increase our home visitors and their supervisors' use of reflective questioning, we contracted with Linda, the developer of the L.S.P., to lead a series of case conferences. We felt we needed Linda to help us demonstrate reflective supervision and guidance of case managers, in revealing the L.S.P. scores over time, and really developing questions that might assist clients in addressing areas of questions or blind spots. Recommendation for program directors is to plan training and ongoing staff development and the practice of reflective questioning.

>> So to summarize, Sandra, from an on the ground practice standpoints, what is important to remember when thinking about promoting health literacy in the healthy start program, or any other home visitation program?

>> Next slide, please. This question addresses question 17 on the handout. In summary, three things are important to remember. Working to improve clients' health literacy is critical to improving the mother and the infant's health. Teaching staff the use of reflective questions and educational tools liked guides have been an essential step in working with families to reduce disparities in the communities we serve. And last, giving up our power of telling and instead supportively placing the authority to think for self, and find answers for self, and self-confidence and the literacy of the client.

>> Very good. So next slide, please. Now the final purpose of this discussion is to consider the possibilities and challenges that were suggested by our experiment with promoting health literacy through home visiting. And certainly from my perspective, the possibilities of quite exciting.

Let's look at the next slide. A breakthrough is that we demonstrated that the L.S.P., the life skills progression instrument, provides a meaningful measure of health literacy in parents. And unlike other measures, the L.S.P. captures the complexity of complicated lives, and also captured the complexity of prevention and health promotion. So, the richness of the data means that it reveals the workings of many factors and forces, so

we can begin to understand what combination of efforts work, for whom, and under what circumstances. In other words, we can begin to identify best practices for promoting health literacy through case management in home visiting. The richness of the L.S.P. data also let's us see the relationships of health literacy to other factors that are important in maternal child health. For example, links between functional health literacy and oppression, between health literacy and social support, and between a parent's health literacy and child development. So understanding these links will help us hone intervention and suggest new ones. So those are some of the possibilities that are suggested for promoting health literacy. And certainly there are challenges. Both Sandra Mobley and I fully recognize we are talking about changing practice here, and not in small ways but in transformational ways.

So let's look at the next slide and Sandra, would you talk about the changes that are required to promote health literacy, what's different now at Enterprise Community Healthy Start?

>> Yes, this is question 18 on the handout. Literacy assessment changed, Sandra, we already were asking about years of school completed and father living in the home, but we were not asking do you read for fun. We used staff education to emphasize the significance of considering literacy in our approach and care planning. We added low literacy beginnings guides, education materials and structured our documentation of education partially on the beginning guide structure. These changes created a real shift in thinking to considering health literacy as the way one used information to act in

care of self and child. We reached a clear understanding by our staff in the difference between health literacy and the traditional thoughts on literacy, and last, considering the importance of practicing the reflective questions instead of teaching directly, and that was our big challenge.

>> Being reflective it sounds like was the biggest challenge. So how did you overcome that?

>> Yes, you are right. It was the challenge. Changing how we practiced. It's very important for nurses, especially to provide anticipatory guidance and instructions, and if they worked in the key care setting with short stays, it, you know, it's essential that you give information. Making the shift to reflected practice rather than total directive practice was a challenge. Ongoing assessments of parents regarding health literacy continues for us, and use of reflective questions continues to be a challenge when clients are not seen regularly, and the case manager cannot readily see the actions, behaviors or emotional changes by the clients. So we still have our challenges.

>> Okay. So, what do your case managers say to other case managers and home visitors about promoting health literacy?

>> Well, I think they would talk about the rewards, seeing some clients accomplish their goals against so many odds. For example, a teen mom who must finish high school and then without much family support goes on to finish college as well. The

importance of health literacy permits our providers to consider also the broader view of why clients may be noncompliant. Recognizing health literacy needs in the use of reflective practice encourages our staff to see clients from a strengths versus a needs, and of course they really realize the rewards when they saw the outcomes of your analysis.

>> Excellent. So, finally we are going to leave all of you participating with us with this, with the next slide, which gives you a set of reflective questions to guide you in thinking, linking and responding to the possibilities and challenges of promoting functional health literacy in your program. Now these are also included on the handout. So, I urge each of you to go forth and lead a conversation about promoting health literacy in your practice, and you can structure it around these questions.

So now we are ready to take your questions and we could put up the next slide, which includes the resources. And the resources are listed on your handout, too. Do you have some questions for us?

>> We do. First, thank you for a very interactive presentation to both of the presenters. And our first question is was there any measures used to test health literacy of the parent? Talk a little about that.

>> Yes. We tested, we estimated parents' health literacy skills using the three questions screen that we call the health literacy screen we discussed earlier. So the questions give us a reasonable estimate of a parents' reading level.

>> Thank you, Sandra. Another question here. Can you give me any advice on how to promote health literacy in the family literacy program with no case manager?

>> You want to address that, Sandra?

>> Well, I think you would still, in that environment, use the same concepts that we have talked about, the think, link and respond and use a questioning reflective process to help the class, the students in the classroom.

>> Yes, I agree that the beginnings guide would be guide suitable for integrating into a literacy program curriculum, and you could, as Sandra says, use the reflective processes.

>> Thank you. Getting back to the data piece, how do you measure or collect data in showing the improvement in the functional health area?

>> So, as Dr. Mobley explained, the case manager completes the life skills progression instrument, and we showed you a picture of that and discussed how a score is reached. So that is what creates the data. And remember that each

completion, each L.S.P. covers only the most recent six-month period. So, as you work with a client over, say, 18 months, you would then have three assessments of their health literacy, and you could compare those sequential measures to notice where and how they have progressed where _.

>> Thank you. Are the guides written for lower, are the guides written for lower levels also given to higher level parents and if so, is there any backlash from parents that low level materials seem insulting or demoralizing?

>> I'm so glad you asked this question. We have extensively tested the beginnings guides with both college educated and under educated parents. And what I learned early on is that everybody wants information that's easy to read. So our informal standard was that you can find what you are looking for when you are throwing up in the middle of the night. So, the materials are written at 4th grade reading level in English and grade 3 in Spanish. But written in such a way that no one ever suspects that they are reading low literacy material. So, it is definitely totally unnecessary and unhelpful to produce low literacy materials that talk down to people. Beginning guide does not do that.

>> And just to comment. The lookability for the booklets is so easy, and with the booklet arranged according to the months of age of the child or where you are in the pregnancy. You know, they are quite handy and so as Sandra said, if you want to find

something quickly, it's easy to find and information you want to know, it fits with that time in the child's life or in your pregnancy.

>> Thank you, Sandra. I would also add that the text is written in a way that is designed for teaching as well as for independent learning. So, for example, the headlines and subheads are topics, and the text has all been carefully tested so we know that topics that are difficult to discuss frequently don't get discussed because nobody wants to bring them up. So, the beginnings guide provides words that have been tested and we know are easy to understand and easy to deliver. So, I don't necessarily suggest that a visitor would memorize certain pieces of text, and sometimes that is useful because it gives you the words to use when the topic is difficult.

>> Thank you for the explanation. We don't appear to have any more questions now. Do you have anything else you guys would like to say in summary as I give the participants maybe another minute or two?

>> Okay. Sandra, do you have parting words of wisdom?

>> Well, just to recap in case some listeners missed part of the presentation. We introduced the questions, and had two of the questions and we added, do you read for fun. And then we added the Beginings Guides as our low literacy educational information. And simultaneously had an orientation for the staff preceding that

introduction, and actually Sandra, Sandra Smith, and Linda did that orientation and we covered both the Beginnings Guides materials and the life skill progression instrument. What the items were, what they meant, how to score the instrument, and that was our initial introduction for the staff and they began to use it. Later, as I mentioned in our discussion today, we asked Linda to work with us and learn to use the instrument identifying progression and blind spots in a systematic way, looking at the scores. We follow women prenatally and postpartum up to two years. We can be involved with a family almost three years. So we have sequential scorings to compare areas of regression and progression. Then Linda helped us better form questions, reflective questions that would help us guide further our care planning for that family. It was, it's been a very progressive process. We still work to become better at it. And we have been using these tools for almost five years now.

>> Thank you, Sandra. This is a follow-up question. What happens to families who score all 1s or 2s on the caseworker's survey?

>> That's a good question for you, Dr. Mobley.

>> Yes. You have a very challenging family. And you work with that client with questions determining where her priorities are. And what she wants to work on first. Based on her questions and then providing information according to the topics she wants to address.

>> So if someone got all 1s and 2s, that would indicate they had no strengths. How often do you see that happen?

>> Everyone has some strengths. You work with her and her family constellation as well. And you find the resources that fit for her and build on the strengths that she has.

>> Good. Very good answer. Is there anything else? Is that the end of our questions? So far. I haven't seen any others.

>> Maybe we could put up the resources slide next, I think. There it is. If you would like to review the beginnings guide, do that at the website given there, and you would also find information on the L.S.P. on that beginnings guide.net site. So, I think there are no further questions. So, I will tell you that this research is continuing. If you are interested in participating in action research on promoting health literacy, please do contact me at that email address that you see on your screen. I honor you for the good work you do every day, and on behalf of my colleague, Dr. Sandra Mobley and myself, Sandra Smith, from the Center For Health Literacy Promotion thank you for your participation today.

>> Thank you, Sandra. And on behalf of the Division of Healthy Start and Perinatal services, and also the center for the advancement of education at the University of Illinois at Chicago school of public health for making the technology work. Today's webcast will be archived on www.mchcom.com. We encourage you to let your

colleagues know about this website. Thank you and we look forward to your participate in future webcasts.